## **WIO STUDENT MEDICAL DECLARATION**

To be completed by the **student** and signed by a **parent/ guardian Application approval is subject to medical clearance by WIO Safety Committee.** 



Please note that many WIO programmes operate in remote areas with limited access to medical resources and facilities. If you have ANY pre-existing medical or behavioural conditions, please provide as much detail as possible. Thank you.

Do you have any medical conditions? E.g. asthm	a, epilepsy, diabetes.		YES/NO
Details:			
Do you have any allergies? E.g. bee or wasp sting	gs, penicillin, certain foods.		YES/NO
Details:			
Do you have any mental health concerns? e.g. a	nxiety, depression (or histo	ry of)	YES/NO
Details:			
Are you taking any medication? If you answer ye taking medication.	es, please state medications	and advise if you require as	ssistance with YES/NO
Details:			
Do you have any current or previous injuries or il injuries, sprains, broken bones, glandular fever, p	-	our participation? E.g. dislo	ocations, back YES/NO
Details:			
Do you have any special dietary requirements?	E.g. vegetarian		YES/NO
Details:			
On a scale of 1 to 5 how would you rate your ov	erall fitness? Please circle:	1 = Very unfit / 5 = Super fit	<u> </u>
1 2	3	4	5
Are you a confident swimmer?			YES/NO
Details:			
Is there anything else we should know about yo considerations that we need to be aware of? E.g.	The state of the s		VEC /NO
Details:			
If medical or behaviour information is not declared prior to programme completion.	d, WIO reserves the right to	not accept students on arr	ival or may depart students
By signing this form, you agree that the medical de have read and understood the risk management, but	•	•	•
Student Name:	Signature:		Date:
Parent Name:	Signature:		Date: